UTAH STATE DEVELOPMENTAL CENTER PROVIDER #: 46G009 FACILITY BEDS TYPE ACTION: RECERTIFICATION 895 NORTH 900 EAST PHONE NUMBER: (801) 763-4096 TOTAL: 290

AMERICAN FORK UT 84003 PARTICIPATION DATE: 10/01/1988 CERTIFIED: 290 TYPE OWNERSHIP: STATE

STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

	CENSUS O				LTC AGREEMENT DATES			TOTAL CERTIFIED BEDS: 290			
ME	TOTAL: DICARE: DICAID: OTHER:	233 0 0	-		BEGINNING: ENDING: EXTENSION: SUSPENDED: RESCINDED:	01/01/2002 10/31/2002 12/31/2002	18	18/19		ICF/MR 290	
CURRENT SURVEY REVISIT DATES - 01/14/2002											
SURVEY	PRIOR 2 SURVEY 10/1999	SURVEY	CURRENT SURVEY 10/25/2001	PLAN/DATE OF CORRECTION		PROGRAM REQUIREMEN	TS				
Х	X X	x x x	х с х с х с	11/19/2001 11/19/2001 11/19/2001 11/19/2001	STD STD STD STD STD STD	W0108-COMPLIANCE W W0109-COMPLIANCE W W0112-INFORMATION * W0128-CLIENTS FREE W0130-PRIVACY DURI W0148-PARENTS, GUA	PHYSICAL RESTRAINTS ENSURED				
		X X X X	X C X C	11/28/2001 12/28/2001	STD STD STD STD STD	W0148-PARENTS, GUARDIAN NOTIFIED OF INCIDENTS, CHANGES IN CONDI W0155-FURTHER ABUSE PREVENTED WHILE INVESTIGATION IN PROGRESS * W0159-ACTIVE TREATMENT PROGRAM COORDINATED BY QMRP * W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM W0341-CONTROL OF COMMUNICABLE DISEASES W0367-ORGANIZED SYSTEM FOR DRUG ADMINISTRATION W0370-UNLICENSED PERSONNEL ADMINISTER DRUGS ONLY IF STATE PERMI W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE W0390-OUTDATED DRUGS REMOVED FROM USE W0391-DRUG CONTAINERS WITH WORN, ILLEGIBLE LABELS REMOVED FROM W0392-DRUGS FOR SPECIFIC CLIENTS REMOVED IF DISCONTINUED W0426-WATER TEMPERATURE NOT TO EXCEED 110 DEGREES (F) W0434-FLOOR SURFACES PROMOTE MAINTENANCE OF SANITARY CONDITIONS W0466-DIETS PREPARED IN ACCORDANCE WITH RECOMMENDED ALLOWANCES W0473-FOOD SERVED AT APPROPRIATE TEMPERATURE W0478-MENUS PROVIDE VARIETY OF FOOD AT EACH MEAL W0480-MENUS INCLUDE AVERAGE PORTION SIZE					
Х	Х		X C X C X C X C	11/19/2001 11/19/2001 11/19/2001 11/28/2001 11/28/2001	STD STD STD STD STD STD						
X X X			X C X C	11/19/2001 11/19/2001 11/19/2001	STD STD STD STD STD						
Α			X C	11/19/2001	STD	W0480-MENUS INCLUDE AVERAGE PORTION SIZE W0488-CLIENTS EAT IN MANNER CONSISTENT WITH DEVELOPMENT LEVEL					
85 EXIST PRIOR 3 SURVEY		85 EXIST PRIOR 1 SURVEY		PLAN/DATE OF CORRECTION		LSC DEFICIENCIES -	BLDG NO	. 01			
	Х	х	X С X С	10/31/2001 10/31/2001 10/31/2001		K0047-EXIT SIGNS K0059-WATER FLOW DEVICE K0061-MAIN SPRINKLER CONTROL K0062-SPRINKLER SYSTEM MAINTENANCE K0069-COOKING EQUIPMENT K0070-SPACE HEATERS K0130-OTHER					
Х	X	X									
85 EXIST PRIOR 3 SURVEY	OF LSC AP 85 EXIST PRIOR 2 SURVEY 10/1999	85 EXIST PRIOR 1 SURVEY		PLAN/DATE OF CORRECTION		LSC DEFICIENCIES - K0018-CORRIDOR DOO K0027-DOORS IN SMO	RS				
	X X	X	хс	10/31/2001		K0059-WATER FLOW D	DETECTOR MAINTENANCE				
	Х	Х	X C	10/31/2001 10/31/2001		K0064-PORTABLE FIR K0130-OTHER	E EXTING	UISHERS			
85 EXIST PRIOR 3 SURVEY 09/1998 X X		85 EXIST PRIOR 1 SURVEY	CURRENT	PLAN/DATE OF CORRECTION		LSC DEFICIENCIES - K0018-CORRIDOR DOO K0021-DOORS IN FIR K0033-EXIT PARTITI K0047-EXIT SIGNS K0052-TESTING OF F K0056-AUTOMATIC SP K0062-SPRINKLER SY	RS E AND SM ONS TRE ALAR RINKLER STEM MAI	OKE PARTI M SYSTEM	TIONS		
X X	Х	X				K0076-MEDICAL GAS K0130-OTHER	SYSTEM				

UTAH STATE DEVELOPMENTAL CENTER PROVIDER #: 46G009

	OF LSC AP		85 EXIST		
SURVEY		SURVEY	SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 04
XXX	10/1999 X X X X	11/2000	10/25/2001		K0018-CORRIDOR DOORS K0021-DOORS IN FIRE AND SMOKE PARTITIONS K0045-EXIT LIGHTING K0047-EXIT SIGNS K0052-TESTING OF FIRE ALARM
X		Х			K0056-AUTOMATIC SPRINKLER SYSTEM K0061-MAIN SPRINKLER CONTROL
X X	X		х с	10/31/2001	K0062-SPRINKLER SYSTEM MAINTENANCE K0064-PORTABLE FIRE EXTINGUISHERS K0076-MEDICAL GAS SYSTEM
		X			K0130-OTHER
EDITION	OF LSC AP	PLIED			
PRIOR 3 SURVEY		PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 05
X X		11/2000	10/25/2001		K0018-CORRIDOR DOORS
Х	X X				K0045-EXIT LIGHTING K0047-EXIT SIGNS K0052-TESTING OF FIRE ALARM
	X		X C	10/31/2001	K0054-SMOKE DETECTOR MAINTENANCE K0059-WATER FLOW DEVICE
	X X	X			K0061-MAIN SPRINKLER CONTROL K0062-SPRINKLER SYSTEM MAINTENANCE
			X C X C	10/31/2001 10/31/2001	K0064-PORTABLE FIRE EXTINGUISHERS K0074-COMBUSTIBLE CURTAINS
X	X	X			K0130-OTHER
EDITION	OF LSC AP	PLIED			
	85 EXIST PRIOR 2			PLAN/DATE	
SURVEY 09/1998		SURVEY 11/2000	SURVEY 10/25/2001	OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 06
X	X X				K0018-CORRIDOR DOORS K0047-EXIT SIGNS
X X		X	х с	10/31/2001	K0052-TESTING OF FIRE ALARM K0061-MAIN SPRINKLER CONTROL K0062-SPRINKLER SYSTEM MAINTENANCE
X X		Х	х с	10/31/2001	K0076-MEDICAL GAS SYSTEM K0130-OTHER
FDITTON	OF LSC AP	DITED			
85 EXIST PRIOR 3 SURVEY	85 EXIST PRIOR 2 SURVEY	85 EXIST PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 07
,	10/1999 X	11/2000	10/25/2001		K0047-EXIT SIGNS
X	Х				K0052-TESTING OF FIRE ALARM K0062-SPRINKLER SYSTEM MAINTENANCE
X		X	X C	10/31/2001 10/31/2001	K0074-COMBUSTIBLE CURTAINS K0130-OTHER
EDITION	OF LSC AP	PIJED			
85 EXIST	85 EXIST	85 EXIST		PLAN/DATE	
SURVEY	SURVEY	SURVEY	SURVEY	OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 08
09/1998 X		11/2000	10/25/2001		K0018-CORRIDOR DOORS
	X	X			K0047-EXIT SIGNS K0051-FIRE ALARM SYSTEM
X X	Х	X			K0052-TESTING OF FIRE ALARM K0062-SPRINKLER SYSTEM MAINTENANCE
X		X	X C X C	10/31/2001 10/31/2001	K0074-COMBUSTIBLE CURTAINS K0130-OTHER
PDITTON	OF LSC AP	DITED			
85 EXIST	85 EXIST		85 EXIST	DI 201/D2 000	
SURVEY	SURVEY	SURVEY		PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 09
09/1998	10/1999	11/2000	10/25/2001 X C	10/31/2001	K0038-EXIT ACCESS
X X	X X				K0047-EXIT SIGNS K0052-TESTING OF FIRE ALARM K0062-SPRINKLER SYSTEM MAINTENANCE

HISTORY FACILITY PROFILE

UTAH STATE DEVELOPMENTAL CENTER PROVIDER #: 46G009

EDITION OF LSC APPLIED

85 EXIST

 PRIOR 3
 PRIOR 2
 PRIOR 1
 CURRENT
 PLAN/DATE

 SURVEY
 SURVEY
 SURVEY
 OF CORRECTION

 09/1998
 10/1999
 11/2000
 10/25/2001

LSC DEFICIENCIES - BLDG NO. 10

*** NO DEFICIENCIES WERE FOUND ***

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	15	8	4	6
REGIONAL OFFICE FLAG (INCLUDES COPS)	3	2	0	0
HEALTH TOTAL	15	8	4	6
LIFE SAFETY CODE	18	17	29	31
LIFE SAFETY CODE + HEALTH	33	25	33	37

STATUS OF DEFICIENT COPS CURRENT SURVEY

DEFICIENCY CORRECTED AFTER APPROVAL DEFICIENCY NOT REPEAT COP DEFICIENCY CORRECTED -----0

COMPLAINT SURVEY INFORMATION

SURVEY DATE STATUS

COP

11/27/2000 SUBSTANTIATED SUBSTANTIATED SUBSTANTIATED UNSUBSTANTIATE 04/26/2001 06/18/2001 UNSUBSTANTIATED 10/11/2001

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY C=DATE OF CORRECTION N=NO DATE GIVEN * = REGIONAL OFFICE FLAG (INCLUDES COPS) P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=F ELE = ELEMENT STD = STANDARD COP = CONDITION W=WAIVED X=DEFICIENT